

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5098AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2009
NAME OF PROVIDER OR SUPPLIER QUALITY CARE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4175 TOMSIK ST LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 12/16/09. The facility received an annual survey grade of B This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 7 residents. Seven (7) resident files were reviewed and 5 employee files were reviewed. One (1) discharged resident file was reviewed.</p> <p>There was no complaint investigated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=E	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 12/16/09, the facility failed to ensure 2 of 7 caregivers met background check requirements (Employee #2 and #4). Findings include: The file for Employee #2 & #4 lacked documented evidence of an FBI criminal background clearance. Severity: 2 Scope: 2	Y 105		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview on 12/16/09, the facility failed to ensure the premises was kept free of hazards that impede the free movement of residents outside of the facility. Finding include: The facility's backyard, alongside the paved walkway, were several bed frames and mattresses. These items created a potential fall hazard for residents and blocked the clear path to exit the backyard, in case of an emergency. On 12/16/09 at 3:45PM, interview with Employee #5 indicated that the items would be picked up and donated on 12/17/09.	Y 175		

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Y 175	Continued From page 2	Y 175			
	Severity: 2 Scope: 3				
Y 451 SS=D	<p>449.231(2)(a)-(f) First Aid Kit</p> <p>NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 12/16/09, the facility failed to ensure that the first aid kit contained the following; germicide and thermometer.</p> <p>Severity: 2 Scope: 1</p>	Y 451			
Y 936 SS=F	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749</p>	Y 936			

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Y 936	Continued From page 3 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 12/16/09, the facility failed to ensure that 1 of 7 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2) which affected all residents. Findings include: The file for Resident #2 lacked documented evidence of an annual tuberculosis screening. The most recent documented annual tuberculosis screening was given on 12/6/08 and read on 1/5/09. This was a repeat deficiency from survey dated 12/31/08. Severity: 2 Scope: 3	Y 936		
Y 991 SS=H	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:	Y 991		

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Y 991	<p>Continued From page 4</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 12/16/09, the facility failed to ensure 2 of 5 doors used to exit the facility, had operational alarms, buzzers, horns or other audible devices, that were activated when the door was opened.</p> <p>Findings include:</p> <p>On 12/16/09, during the initial tour at the facility the alarm on the door located off the dinning room area was turned to the "off" position.</p> <p>Interview with Employee #3 stated that she turned the alarm "off" so residents could go in and out of the facility while the weather was nice.</p> <p>On 12/16/09, during the initial tour at the facility, the alarm on the door located in the "family room" (leading to the backyard) was turned to the "off" position.</p> <p>Interview with Employee #3 stated that she was unaware that the alarm in the family room was off. Employee #3 activated the alarm and then the alarm would not stop sounding (with the door open or closed). The employee then determined that the alarm was not fully operable and then she turned the alarm off.</p> <p>Later (4:10PM), employee #4 removed and repositioned the alarm and the alarm began working.</p>	Y 991		

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Y 991	Continued From page 5 Severity: 3 Scope: 2	Y 991			

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